Substitute	for Form 144	9/PTO		Complete if Known							
90000000000000000000000000000000000000	INFO	ZMA	TION DISCLOSUR	Application Number	09/524,770						
				Filing Date	03/14/2000						
	STAT	EME	NT BY APPLICAN	First Named Inventor:	Rob Myers						
		(use as	many sheets as necessary)	Art Unit	2623						
				Examiner Name	Salce, Jason P.						
Sheet			of		Attorney Docket Number	80398.P607					
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Examiner Initials*	Cite No. ¹	Numt	Document Number er-Kind Code ² (If known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear					
/JS/		US-	6,160,570	12-12-2000	Sitnik						
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Cite No. [†]	Foreign Patent Document	Publication	Name of Patentee or	Pages, Columns,	T 6
	Country Code ³ Number ⁴ Kind Code ⁵ (if known	Date MM-DD-YYYY	Applicant of Cited Document	Lines, Where Relevant Passages or Relevant Figures Appear	
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Signature			12. (7,2000

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